



BOARD OF HEALTH MEETING MINUTES
Tuesday, November 19, 2019

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County
Nate Marvin, Commissioner, Washington County
Tom Dale, Commissioner, Canyon County - Excused
Kelly Aberasturi, Commissioner, Owyhee County
Viki Purdy, Commissioner, Adams County - Excused
Sam Summers, MD, Physician Representative
Bryan Elliott, Commissioner, Gem County

STAFF MEMBERS:

Nikole Zogg, Doug Doney, Troy Cunningham, Katrina Williams, Carol Julius, Jaime Aanensen, Clay Roscoe, Cristina Froude, Alexis Pickering, Brook Feldner, Kimberly Beckley, Deanne Payne

GUESTS:

Kevin Cablik, Tom Lennon, Charlie Bennett

MEETING CALLED TO ORDER -- CHAIR

Chairman Elliott called the business meeting to order at 9:02 a.m.

REQUEST FOR ADDITIONAL AGENDA ITEMS

No request for additional agenda items was made.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the Pledge of Allegiance.

PUBLIC COMMENT

No members of the public were present for the comment period.

NEW EMPLOYEE ANNOUNCEMENTS

Board members welcomed new employee Brook Feldner.

REVIEW AND APPROVAL OF OCTOBER BOARD OF HEALTH MINUTES

Board members reviewed meeting minutes from the meeting held October 22, 2019.

MOTION: Commissioner Marvin made a motion to approve the October 22, 2019 meeting minutes as presented. Dr. Summers seconded the motion. Motion passed unanimously.

REVENUE AND EXPENDITURE REPORT:

Troy Cunningham presented the October revenue and expenditure report. Revenues and expenditures align with the target for this point in the fiscal year. Troy presented some data visualizations for year-to-date revenues and expenditures showing performance and trends. The visualizations showed some changes in operating expenditures and noted personnel expenditures have remained fairly static. As a point of reference and comparison, Troy will add the prior year fiscal data to future reports.

AUDIT REPORT

Troy presented the Legislative Services Office Fiscal Years 2016 and 2017 Individual Entity Audit Report. He explained the findings, the training that has been provided to remedy miscalculations, and the changes made going forward to prevent these issues from reoccurring.

INCREASE SPENDING AUTHORITY

Three SWDH programs have received increased subgrant dollars. Troy presented a request for increased spending authority for these three programs. The Fit and Fall Proof program received an increase of \$10,000 to provide classes focused around cancer survivorship. The Suicide Prevention program received an additional \$30,000 to support collaborative outreach for partnership work and data presentation. The Drug Overdose Prevention Program subgrant has been increased by \$57,000 to allow for more community based activities, assessments in each county, and for training dealing with naloxone and drug overdose issues.

Troy recommended an increase in spending authority to the Fit and Fall Proof program for \$10,000, an increase in spending authority to Suicide Prevention in the amount of \$30,000 and an increase in spending authority for the Drug Overdose Prevention Program in the amount of \$57,000.

MOTION: Dr. Summers made a motion to increase spending authority for the Fit and Fall Proof for \$10,000, for Suicide Prevention in the amount of \$30,000 and for the Drug Overdose Prevention Program in the amount of \$57,000. Commissioner Marvin seconded the motion. Motion passed unanimously.

NURSE FAMILY PARTNERSHIP (NFP) UPDATE

Deanne Payne and Kimberly Beckley attended the meeting to provide Board members with an update on the NFP program. They explained the goals and benefits of the program. Some of the clients are high risk and the relationships established with the home visiting nurses provide clients with encouragement and support.

Deanne explained the NFP Community Advisory Board (CAB) is working to expand community collaboration and help promote the program.

The program's first graduation ceremony graduated 18 families and celebrated these families' participation in the two-year program developing strong relationships and helping connect families to resources including the Parents as Teachers (PAT) programs.

Kimberly Beckley shared a success story from the families she has served and talked about the valuable encouragement and support expectant moms receive from the nurses in the NFP program.

SYRINGE SERVICES PROGRAM

Dr. Roscoe followed up on the board members' request at the last meeting for data supporting the effectiveness of syringe services programs (SSPs). He presented data showing in the Western United States it is estimated 1 in 30 individuals have a history of intravenous drug use. Half of the individuals using intravenous drugs are estimated to live outside of urban areas. Additionally, contaminated syringes place individuals who use them at high risk for blood borne illnesses. Data shows blood inside a previously used syringe may contain viable HIV, Hepatitis B, or Hepatitis C and the diseases may be passed to another individual who uses that needle.

Dr. Roscoe explained that trainings on proper decontamination of a needle have not been successful. In urban centers it is estimated that 10-11% of those who inject drugs are HIV positive. Nationally, it is estimated that 40 – 90% of those individuals who inject drugs are Hepatitis C positive.

Oregon, Washington, Utah, and Nevada do not have a lot of state specific data available but Dr. Roscoe found general data supporting the cost effectiveness of the reduction of risk of other blood borne illnesses, notably Hepatitis B and Hepatitis C.

Dr. Roscoe emphasized a SSP is an important part of a comprehensive strategy to decrease infection risk and ensure access to sterile syringes, decrease discarding and link individuals to certain comprehensive health services. A SSP should never be a stand-alone program if you want a maximum effect.

Jaime asked for guidance on next steps to implement a SSP. There is funding available through Idaho Department of Health and Welfare (IDHW) and they have recently hired a staff member to help with harm reduction implementation. Dr. Summers recommended implementing a program to help prevent people from transmitting Hepatitis B, Hepatitis C, and HIV if it is economically feasible.

Nikki explained that Representative Megan Blanksma sponsored legislation in 2019 to allow for the establishment of SSPs in the state. Nikki's understanding is that Representative Blanksma intends to add clarification during the 2020 legislative session by requiring SSP programs to function on a one-to-one exchange. Board members discussed where to implement this exchange program in rural communities. One selling point of a SSP is anonymity for needle exchange. One advantage of a health department location is that there are many other services provided and it may be a good opportunity to connect SSP users to primary care, behavioral health care, or other services.

Dr. Roscoe, Carol, and Jaime will work to develop a proposed budget, a program design and possible locations (perhaps mobile) and bring the information back to the Board. Dr. Summers asked Dr. Roscoe to consider how to measure success of a SSP program if it were established in Health District 3.

2020 BOARD OF HEALTH MEETING SCHEDULE APPROVAL

Board members reviewed the proposed 2020 annual Board of Health meeting schedule. Several dates were adjusted to avoid conflicts with reoccurring meetings and holidays. Katrina will incorporate the changes suggested during the meeting and bring a clean copy to the December meeting for approval.

CALDWELL FACILITY SIDING PROJECT UPDATE

Kevin Cablik attended the meeting to provide images and information on the proposed materials which include metal panels with vertical configurations. Damaged stucco will be removed down to the drywall skin. A plywood component will be attached directly to the metal studs and covered with a weather barrier. The metal siding will then be attached directly to the plywood component.

Board members directed Nikki to work with Kevin to finalize the metal siding color choices. Paradigm will coordinate with the architect to take the renderings to the City of Caldwell for approval.

WESTERN IDAHO COMMUNITY CRISIS CENTER (WICCC) UPDATE

The WICCC provided 33 services in October. At the most recent WICCC advisory committee meeting low census numbers were discussed. The advisory committee established an outreach and marketing workgroup to identify ways to improve daily census numbers.

Funding discussions are also occurring as the WICCC prepares for budget cuts. Cristina explained that Ross Edmunds sent an email clarifying that the crisis center will receive full funding for this fiscal year. The crisis center's sustainability workgroup also continues to meet bi-weekly and is making progress and having good conversations.

Cristina provided a telehealth demonstration for Board members. Telehealth will allow a potential client to call the crisis center and receive an email with a link that provides face-to-face access with someone at the crisis center. The telehealth capabilities will be provided by Lifeways with HIPAA compliant technology.

STRATEGIC PLAN UPDATE

Cristina explained that the strategic planning committee continues to work on a biweekly basis and is doing data analysis. Southwest District Health is assisting United Way of Treasure Valley and Saint Alphonsus with their Community Health Needs Assessment. The Community Health Action Teams (CHAT) have completed focus groups to aid with this assessment.

DIRECTOR'S REPORT

Prospective Payment System (PPS) & 340b Pharmacy

Russ Duke, Director of Central District Health and I have been meeting with local congressional office staffers to discuss two federal programs: Prospective Payment System and 340b Pharmacy. The PPS and the 340b Pharmacy are both federally funded programs that help uninsured/underinsured, underserved, and low-income families.

The PPS is a way for Federally Qualified Health Centers (FQHC) and rural health centers to be designated to receive enhanced reimbursement for Medicaid and Medicare patients. The average Medicaid reimbursement is about 30% on the dollar. An enhanced reimbursement gets clinics closer to the full cost of services. Public health departments across the country who serve the same populations are not eligible to participate in the PPS. Nikki mentioned that changes to federal law could be done to allow local public health departments to be eligible for enhanced reimbursement.

The 340b pricing is a pharmacy program available to clinics who provide a specific type of care (e.g., sexually transmitted disease screening and treatment, tuberculosis testing and treatment, contraceptives, and primary care). Rural health centers and FQHCs receive 340b pricing, which covers the full gamut of services including insulin for diabetes. The public health districts are not eligible for the reduced cost pharmaceuticals available to RHCs and FQHCs. Like the PPS program, Districts 3 and 4 are interested in exploring the feasibility of changing federal law to allow local public health departments to be eligible for these programs that are designed to support organizations serving low-income and underserved populations.

In conversations with congressional staffers, the staffers were interested in learning more and continuing the conversation, but set realistic expectations about anticipated costs to implement and the amount of time it takes to change federal laws.

Governor Holdback

The Governor's Office has requested that all state funded agencies holdback 1% of their Fiscal Year 2020 budget and 2% of their Fiscal Year 2021 budget request. This request will impact public health districts. Health district directors have been discussing their plan and will submit a plan to the Governor's Office in December.

Home Visiting State Plan Amendment

The State Plan Amendment for home visiting would allow expansion of home visiting services by being able to bill Medicaid since most of the families we serve are Medicaid eligible. Health districts have been working with IDHW and recently IDHW chose to withdraw their funding unit request.

Western Idaho Community Health Collaborative Update

Alexis Pickering attended the meeting to provide an update on the Western Idaho Community Health Collaborative (WICH). The WICH is a ten county collaborative of 21 members working to invest and improve the social determinants of health in those ten counties.

The collaborative has a new funding partner, United Way of Treasure Valley, which increases the number of private funders providing \$10,000 each. The rest of the WICH funding is direct appropriation funds from the legislature to Central District Health. Optum and Select Health are considering joining the collaborative as funding partners.

WICHC will partner with Boise State University and with Robert Wood Johnson Foundation to write a grant request to provide an evaluation of the collaboration. If funded, the research project will evaluate effectiveness, accountability, and cost savings of the collaborative.

eWIC/WIC Participation and Coordination with IDHW

eWIC has been rolled out statewide. Idaho has one of the lowest WIC participation numbers. Public health districts are asking IDHW to help facilitate ways to reach Medicaid clients to share information on eligibility and availability of WIC benefits.

Director Salary/Term Limits

Nikki updated Board members on the health district directors' communication with the Governor's office regarding director salaries. She also explained that some legislators are interested in implementing term limits for all agency heads and directors. As more information is available she will share it with Board members.

EXECUTIVE SESSION

At 11:32 a.m. Commissioner Hanigan and Dr. Summers seconded made a motion to go into executive session. The motion was seconded by Commissioner Hanigan. Roll call was taken. No decision was made.

There being no further business, the meeting adjourned at 12:19 p.m.

Respectfully submitted:

Approved as written:



Nikole Zogg
Secretary to the Board



Bryan Elliott
Chairman

Dated: December 17, 2019